

TYPE: ☒ IXC      ☒ CLEC      ☐ ILEC      ☐ Wireless

255903

## CERTIFICATED COMPANY INFORMATION

CenturyLink Communications, LLC

Company Name

FEIN/SSN

318-388-9696

Dbafka

Telephone #

100 CenturyLink Dr.

Mailing Address

Monroe LA 71203

City, State, Zip Code

Same

Business Location

Same

City, State, Zip Code

County

### REGISTERED AGENT INFORMATION

Registered Agent: CT Corporation System

Mailing Address: 75 Beattie Place, Two Insignia Financial Plaza

City, State, Zip Code: Greenville SC 29601

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- |     |   |                           |   |
|-----|---|---------------------------|---|
| A.  | Zel Gilbert   | 1122 Lady St., Suite 1050 | Columbia SC 29201                             |
|     | <b>General Manager</b> (Include address if different than above.)   |                           |   |
|     | 803-252-4505  | / 803-252-6751            | / zel.gilbert@centurylink.com                 |
|     | Telephone Number  | Facsimile Number          | E-mail Address                                |
| B.  | Kandi Gaines  | 555 Lake Border Dr..      | Apopka FL 32703                               |
|     | <b>Customer Relations /Complaints Representative</b> (Include address if different than above.)                         |                           |   |
|     | 407-889-6388  | / 407-814-5749            | / uswpuc@centurylink.com for all referrals or |
|     | Kandi.M.Gaines@centurylink.com  |                           |   |
|     | Telephone Number  | Facsimile Number          | E-mail Address                                |
| C1. | Cindy Girtman   | 100 CenturyLink Dr.       | Monroe LA 71203                               |
|     | <b>Customer Relations/Complaints Representative for Escalated Complaints</b> (Include address if different than above.) |                           |   |
|     | 318-340-5594  | / 318-388-3369            | / uswpuc@centurylink.com for all referrals or |
|     | Cindy.Girtman@centurylink   |                           |   |
|     | Telephone Number  | Facsimile Number          | E-mail Address                                |
| C2. | 888-238-3095 Customer Service   |                           |   |
|     | <b>Customer Contact (Toll Free Number)</b>  |                           |   |
| D.  | Gary Pace   | 100 CenturyLink Dr.       | Monroe LA 71203                               |
|     | <b>Engineering Operations</b> (Include address if different than above.)  |                           |   |
|     | 318- 330- 6797  | /                         | / Gary.Pace@centurylink.com                   |
|     | Telephone Number  | Facsimile Number          | E-mail Address                                |
| E.  | Gary Pace   |                           |   |
|     | <b>Test and Repair</b> (Include address if different than above.)   |                           |   |

\_\_\_\_\_  
Telephone Number                      Facsimile Number                      E-mail Address

F. UNICALL Center  
**Emergencies** (During non-office hours)  
866-864-2255                      /                      /  
Telephone Number                      Facsimile Number                      E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. Zel Gilbert                      1122 Lady St. Suite 1050                      Columbia SC 29201  
**Regulatory Officer** (Include address if different than above.)  
803-252-4505                      /                      803-252-6751                      /                      zel.gilbert@centurylink.com  
Telephone Number                      Facsimile Number                      E-mail Address

H. Zel Gilbert  
**Dual Party Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number                      /                      /                      /  
Facsimile Number                      E-mail Address

I. Zel Gilbert  
**Interim LEC Fund Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number                      /                      /                      /  
Facsimile Number                      E-mail Address

J. Zel Gilbert  
**Universal Service Fund Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number                      /                      /                      /  
Facsimile Number                      E-mail Address

K. Zel Gilbert  
**Gross Receipts Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number                      /                      /                      /  
Facsimile Number                      E-mail Address

L. Zel Gilbert  
**Lifeline Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number                      /                      /                      /  
Facsimile Number                      E-mail Address

Zel Gilbert                      \_\_\_\_\_  
This form was completed by (print name)                      Signature  
State Regulatory and Legislative Affairs Director                      3/26/15  
Title                      Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 01/2010)